

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040531

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9886

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MO.

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN St. Louisc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ST. LOUIS CITY HOSP. #1Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2718a Montgomery St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
DIXON

Middle

Last  
MILLER4. DATE  
OF  
DEATH

Month

Day

Year

10

12

62

5. SEX

MALE

6. COLOR OR RACE

Col

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-25-1890  
8-1-1889

9. AGE (last birthday)

75 72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Columbus Miss

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Not known

13b. MOTHER'S MAIDEN NAME

Mary Eliza Whitney

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
PATTIE HINTONAddress  
7048 S. Evans Chicago Ill18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Colon with general  
metastases.INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10-8-62

to

10-12-62

and last saw her

10-12-62

Death occurred at

4:10

a

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John McJoughlin M.D.

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

10-12-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

10-16-62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

Richardson

ADDRESS

2625 Glasgow

25. DATE REC'D. BY LOCAL REG.

OCT 16 1962

26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

11-5-62

VS 300

Rev. 4/59

DOCUMENT VOTING RECORD

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant

McDonough

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed AD Richardson

Licensed Embalmer No. 2928

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

1. This certificate constitutes evidence that the body was embalmed and is not to be used for any other purpose.